

male erectile dysfunction and vaginal dilators in case of vaginal stenosis. Perineal pain can be observed. Neurological mechanism is the main mechanism and can be confirmed by means of electrophysiological testing. This neuropathic pain can be managed by various treatments (drugs, TENS. . .).

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Resource teams for pediatric palliative care and rehabilitation teams: Proximity, partnerships

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Keywords: Pediatric oncology; Supporting care; Rehabilitation; Network competence

The 4th measure of ministerial plan 2008–2012 relative to palliative care has enabled the creation or the development of regional resources teams in charge of pediatric palliative care.

In Rhone-Alpes, ESPPéRA (pediatric palliative team for supporting care, resource and accompaniment) was created January 1st 2011 to communicate about palliative approach and train health professionals in hospitals, medico-social institutions or private practices.

Pediatric palliative cares were initially developed by pediatric oncologists for children suffering from cancer; however, most children suffering from a pathology “limiting or threatening life” present more broadly a disability at some point in time in their care. At that point in time, a PMR team (physical medicine and rehabilitation) or medico-social team (such as accompaniment services, SESSAD, IME, CEM. . .) provides care for them.

These caregivers are mainly trained for re-education and rehabilitation approach, which is similar to a palliative approach, as it relies on a care project which takes into consideration the patient deficiencies and incapacities, and is integrated to a life project without a cure outlook.

Yet, SSR or medico-social teams face difficulties when life is threatened at short or mid term: difficulties in identifying a palliative situation, in adapting the care project, in applying different techniques (such as palliative chemotherapy) or in handling the end of life symptoms. More generally, these teams may not feel comfortable or even legitimate at this moment of the child’s life.

I will first identify the different clinical situations that can lead a disabled child to begin palliative care, and I will then develop the specificities and complementarities between cultures and practices of rehabilitation teams and SPP resource teams. I will also consider how these teams could cross train each other.

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Posters

Version française

P053-FR

Paraplégie après injection intrathécale de Méthotrexate

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Mots clés : Chimiothérapie intrathécale ; Méthotrexate ; Cytarabine ; Paraplégie

Introduction.– Nous rapportons un cas de lymphome du manteau compliqué d’une paraplégie après injection intrathécale de Méthotrexate.

Observation.– Une femme de 53 ans, caucasienne, se présente en novembre 2009 pour polyadénopathies cervicales. Une biopsie ganglionnaire est réalisée, diagnostiquant un lymphome à cellules du manteau. Une chimiothérapie selon le protocole LYMA (traitement d’entretien par Rituximab) est entreprise en décembre 2009. Le 20 janvier 2010, la 2^e cure est réalisée. Le lendemain, une injection intrathécale comprenant Méthotrexate, Aracytine et Hydrocortisone est

motrice et sensitif Th9, flasque, avec rétention urinaire. L’électromyogramme (EMG) a mis en évidence une atteinte pluriradiculaire. L’Imagerie par résonance magnétique (IRM) élimine une compression médullaire, et retrouve un œdème du cône terminal et de la moelle dorsale basse sans prise de contraste anormale. Un bilan étiologique exhaustif infectieux et auto-immun s’avère négatif ; la ponction lombaire est normale. Le diagnostic de myélite secondaire à l’injection intrathécale de Méthotrexate est retenu. Aucune amélioration n’est constatée après bolus de corticoïdes. Treize mois après, l’IRM de contrôle montre une atrophie de la moelle avant le cône terminal. Depuis, la patiente a récupéré partiellement mais garde une paraparesie avec des troubles sensitifs encore importants ; elle marche sur courtes distances avec 2 cannes.

Discussion.– La neurotoxicité après injection intrathécale de Méthotrexate est une complication rare ; peu de cas ont été décrits dans la littérature [1,2]. Elle peut prendre plusieurs formes : syndrome méningé, épilepsie, encéphalopathie, paraplégie voire tétraplégie. Le mécanisme pathologique est encore inconnu ; plusieurs facteurs ont été incriminés : diluant, conservateur, fuite de liquide céphalo-rachidien, carence locale en folates. . . L’évolution est variable : récupération partielle ou complète. Contrairement à ce qui est décrit dans la littérature, notre patiente a développé sa paraplégie dès la 1^{re} injection.

Références

[1] Gagliano RG, Costanzi JJ. Paraplegia following intrathecal methotrexate: report of case and review of the literature. *Cancer* 1976;37:1663–8.

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Version anglaise

P053-EN

Paraplegia after intrathecal injection of Methotrexate

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Keywords: Intrathecal chemotherapy; Methotrexate; Cytarabine; Paraplegia

Introduction.– We report a case of mantle cell lymphoma complicated with paraplegia after intrathecal injection of Methotrexate.

Case report.– A 53-year-old Caucasian woman consulted in November 2009 for cervical polyadenopathies. A node biopsy is performed, diagnosing mantle cell lymphoma. Chemotherapy according to the protocol LYMA (Rituximab maintenance regimen) was begun in December 2009. On January 20 2010, the second cure was delivered. The next day, a lumbar puncture including Methotrexate, Aracytine and Hydrocortisone was made. Eight days later, the patient develops flask paraplegia of motor and sensory level Th9 with urinary retention. The electromyography (EMG) brought to light a pluriradicular impingement. The magnetic resonance imaging (MRI) eliminated cord compression, and found an oedema of the terminal cone and the low dorsal marrow without abnormal contrast uptake. The infectious and autoimmune etiologic assessment was negative; the lumbar puncture was normal. The diagnosis of secondary myelitis due to the intrathecal injection of Methotrexate was retained. No improvement was noticed after bolus of corticoids. Thirteen months later, a follow-up MRI revealed medullary atrophy before the terminal cone. Since, the patient recovered partially but paraparesis persists with important sensory disorders; she can walk short distances with 2 crutches.

Discussion.– Neurotoxicity of intrathecal injections of Methotrexate is a rare complication; not enough cases have been well documented in the literature [1,2]. It can take several forms: meningeal irritation, epilepsy, encephalopathy, paraplegia even quadriplegia. The pathological mechanism is still unknown; several factors were incriminated: dilutant, preservatives, leakage of cerebrospinal fluid, local folate deficiency. . . The evolution is variable: partial or complete recovery. Contrary to what is described in the literature, our patient developed the paraplegia after the first injection.